



Complete Summary

TITLE

Prostate cancer: percentage of patients, regardless of age, with a diagnosis of prostate cancer, at low risk of recurrence, receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did *not* have a bone scan performed at any time since diagnosis of prostate cancer.

SOURCE(S)

American Urological Association, Physician Consortium for Performance Improvement®. Prostate cancer physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2007 Jun. 30 p. [2 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess percentage of patients, regardless of age, with a diagnosis of prostate cancer, at low risk of recurrence, receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did *not* have a bone scan performed at any time since diagnosis of prostate cancer.

RATIONALE

A bone scan is generally not required for staging prostate cancer in men with a low risk of recurrence and receiving primary therapy.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Routine use of a bone scan is not required for staging asymptomatic men with clinically localized prostate cancer when their prostate-specific antigen (PSA) is equal to or less than 20.0 ng/mL. (American Urological Association [AUA])

Patients with a life expectancy greater than 5 years or symptomatic:

- A bone scan is appropriate for T1 to T2 disease in the presence of a PSA greater than 20 ng/mL, Gleason score of 8 or higher, clinical stage of T3 to T4, or symptomatic disease.
- Patients at higher risk of metastatic disease may undergo pelvic computed tomography (CT) or magnetic resonance imaging (MRI) scanning with possible fine-needle aspiration of enlarged lymph nodes or staging lymph node dissection. Nomograms or risk tables may be used to identify patients with a higher likelihood of having metastatic disease. If the nomogram indicates a probability of lymph node involvement greater than 20% or if the patient is stage T3 or T4, this is recommended as a threshold for doing a staging CT scan or MRI evaluation.

For all other patients, no additional imaging is required for staging. (National Comprehensive Cancer Network [NCCN])

PRIMARY CLINICAL COMPONENT

Prostate cancer; interstitial prostate brachytherapy; external beam radiotherapy; radical prostatectomy; cryotherapy; bone scan

DENOMINATOR DESCRIPTION

All patients, regardless of age, with a diagnosis of prostate cancer, at low risk of recurrence, receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who did *not* have a bone scan performed at any time since diagnosis of prostate cancer

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

All patients, regardless of age

TARGET POPULATION GENDER

Male (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients, regardless of age, with a diagnosis of prostate cancer, at low risk of recurrence, receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients, regardless of age, with a diagnosis of prostate cancer, at low risk* of recurrence, receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy

*Risk strata definitions:

- Low Risk: Prostate-specific antigen (PSA) less than or equal to 10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a

- Intermediate Risk: PSA greater than 10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk
- High Risk: PSA greater than 20 mg/dL; OR Gleason score 8 to 10; OR clinical stage T2c or greater, and not qualifying for very high risk

Note: Only patients with prostate cancer with low risk of recurrence will be counted in the performance denominator of this measure.

Exclusions

- Documentation of medical reason(s) for *having* a bone scan performed (including documented pain, salvage therapy, other medical reasons)
- Documentation of system reason(s) for *having* a bone scan performed (including bone scan ordered by someone other than reporting physician)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who did *not* have a bone scan performed at any time since diagnosis of prostate cancer

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #3: avoidance of overuse measure - bone scan for staging low-risk patients.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

Prostate Cancer Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American Urological Association and Physician Consortium for Performance Improvement®

DEVELOPER

American Urological Association
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Jun

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Urological Association, Physician Consortium for Performance Improvement®. Prostate cancer physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2007 Jun. 30 p. [2 references]

MEASURE AVAILABILITY

The individual measure, "Measure #3: Avoidance of Overuse Measure - Bone Scan for Staging Low-Risk Patients," is published in the "Prostate Cancer Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on November 3, 2008. The information was verified by the measure developer on December 4, 2008.

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